

SUICIDE SAFETY PLAN (RD)

STANDARD TITLE: SUICIDE PREVENTION RISK ASSESSMENT SCREENING NOTE

DATE OF NOTE:

AUTHOR: EXP COSIGNER:

URGENCY:

STATUS:

SUICIDE SAFETY PLAN

STEP 1: RECOGNIZING WARNING SIGNS

These signs indicate that I may be starting to get suicidal:

- 1.
- 2.
- 3.
- 4.
- 5.

STEP 2: USING INTERNAL COPING STRATEGIES

These activities may help me distract myself from thoughts about suicide:

- 1.
- 2.
- 3.
- 4.
- 5.

STEP 3: SOCIAL CONTACTS WHO MAY DISTRACT FROM THE CRISIS

These social activities and people may help me distract myself from thinking about suicide:

- 1.
- 2.
- 3.
- 4.
- 5.

SUICIDE SAFETY PLAN (cont'd)

STEP 4: FAMILY OR FRIENDS WHO MAY OFFER HELP

These are people that I would be willing to talk to about my thoughts of suicide in order to help me stay safe:

- | | NAME | PHONE NUMBER |
|----|------|--------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

STEP 5: PROFESSIONALS AND AGENCIES TO CONTACT FOR HELP

Therapist:

Primary care physician or psychiatrist:

24-hour emergency treatment:

Call 911

Go to local Emergency Room

24-hour emergency VA Hotline: 1(800)273-TALK (8255)